# Department of Veterans Affairs

# Capital Asset Realignment for Enhanced Services


## VISN 18

## Market Plans

## Attention

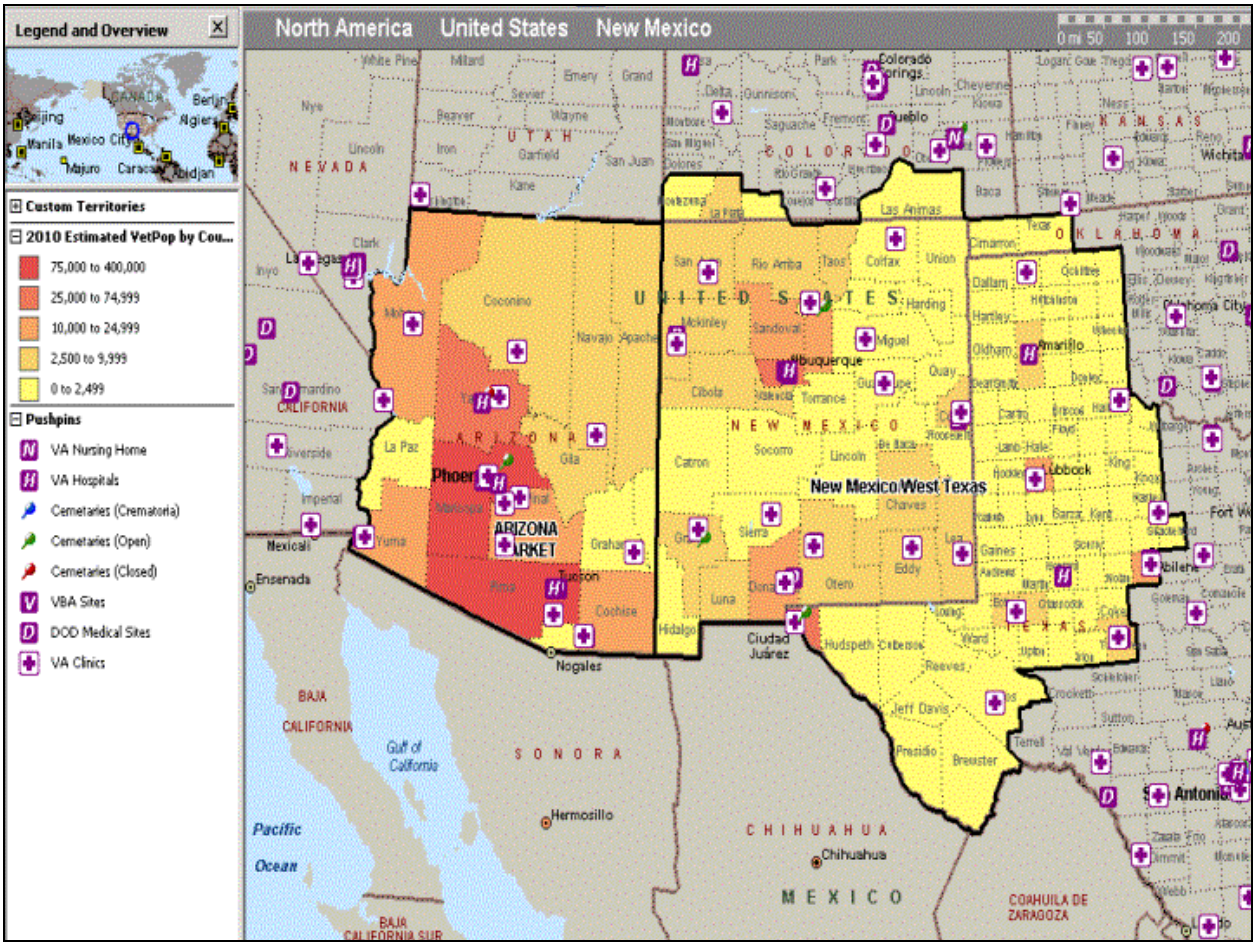
The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<http://www.va.gov/CARES/>>.

**Table of Contents – VISN 18**

# I. VISN Level Information

## A. Description of the Network/Market/Facilities

### 1. Map of VISN Markets



## 2. Market Definitions

**Market Designation**: The process by which VISN 18 defined two market and three sub-markets involved use of current general population data by county, VetPop2001 veteran population and ELDA02 enrollment data all provided by VA Central Office elements. Additionally, VISN 18 considered other important elements including referral patterns, travel distances between primary/hospital care choices and the availability of transportation options. Geographic challenges are always a consideration in VISN 18, including mountain ranges, remote desert locales and weather patterns that can close/limit transportation on the few major freeways/highways.

| **New Mexico & West Texas Markets** | | | |
|---|---|---|---|
| **Market** | **Includes** | **Rationale:** | **Shared Counties:** |
| New Mexico & West Texas (NM/WT) Market<br><br>Code: 18B | 116 counties in New Mexico and West Texas plus 3 in So. Col. & 2 in Okla. | The New Mexico/West Texas CARES Market Area (NM/WTCMA) includes the tertiary care New Mexico HCS, the secondary care sites of West Texas HCS and Amarillo HCS, and the El Paso HCS (independent outpatient clinic) along with their 23 CBOCs. Available services include inpatient, primary care, specialty care, long-term care and mental health. This market area is based on existing referral patterns between all the Texas facilities to Albuquerque for complex inpatient and specialty care. Additionally, large driving distances across remote stretches of sparsely populated counties separate the facilities. While NM and West Texas have freeways, the vast size of the area and the rural quality of many counties dictate that veterans travel over non-freeways to access VA facilities. Nearly all New Mexico and West Texas counties are forecast to increase the number of veteran enrollees through 2010. | After discussions with both VISNs 17 and 19, no current sharing opportunities were identified. The placement of a CBOC in Durango, Colorado resolves the underserved portion of Southern Colorado. Existing referral patterns of our CBOC's located near VISN 17's western border are nearly exclusively with VISN 18 facilities and no new CBOCs are planned. |

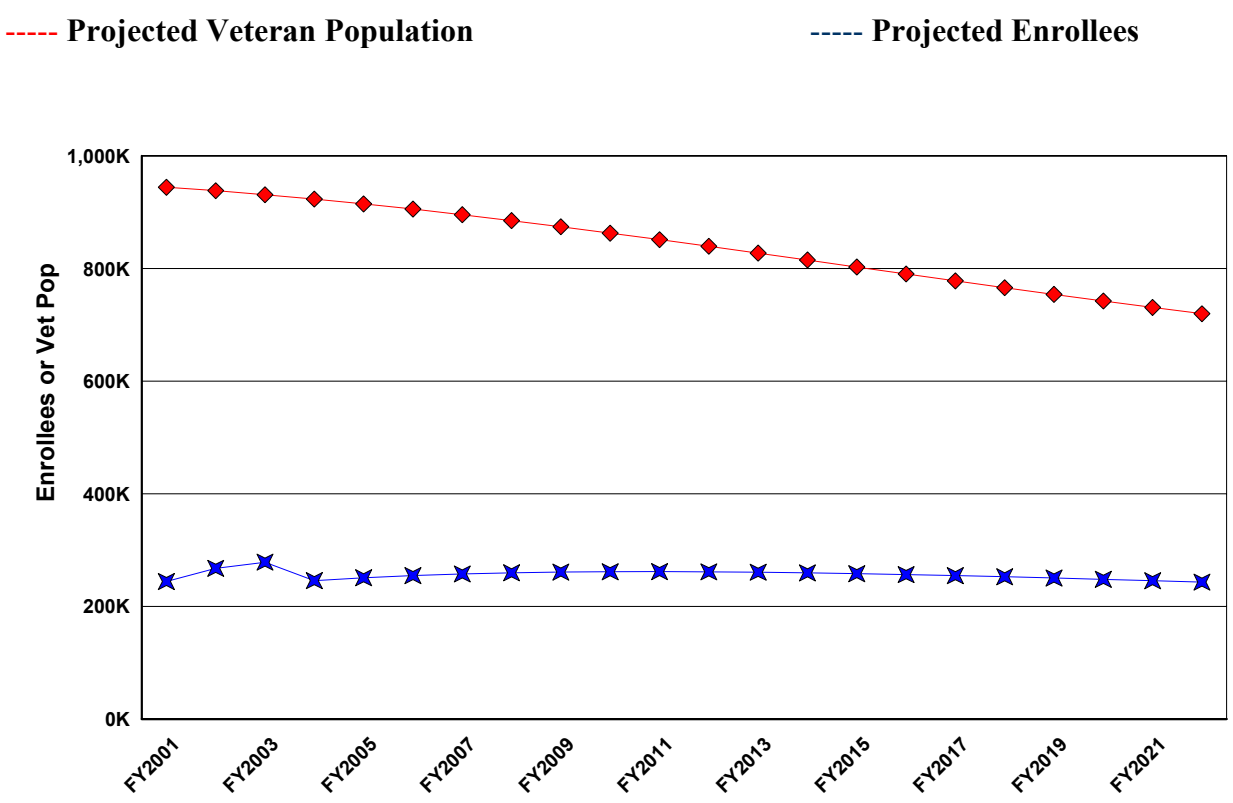
| Sub-Markets | Counties | Rationale | Shared Counties |
|---|---|---|---|
| NM/WT: Northern Sub-Market<br><br>Code: 18B-1 | 65 counties in Northern New Mexico and West Texas, Southern Colorado and Oklahoma. | The NM/WT Northern Sub-Market was selected as it demonstrates sufficient access to both primary care and inpatient services. The New Mexico and Amarillo Health Care Systems (HCS) have historically shown strong referral patterns for specialty services. Highway access is very good connecting both locations via Interstate 40. | See comments above for the NM/WT Market Area. |
| NM/WT Southern Sub-Market<br><br>Code: 18B-2 | 56 counties in Southern New Mexico and West Texas | The NM/WT Southern Sub-Market was selected because while it demonstrates sufficient access to primary care, our analysis shows that less than 50% of the residents have convenient access to VA inpatient services. Those who do seek inpatient care at the West Texas HCS travel to an isolated portion of West Texas with no major interstates and remote air service. Historically, WTHCS has maintained a strong referral pattern with the independent outpatient clinic located in El Paso. With a similar population density to the northern sub-market, additional planning is desirable to ensure that patients residing in the southern sub-market have reasonable access to the fullest continuum of care possible. | See comments above for the NM/WT Market Area. |

| Market: | Includes: | Rationale: | Shared Counties: |
|---|---|---|---|
| Arizona Market<br><br>Code: 18A | All 15 Counties in the state of Arizona | The Arizona CARES Market Area includes the two urban, tertiary care VA Health Care Systems (HCS) located in Phoenix and Tucson, a secondary HCS in Prescott, along with 12 Community Based Outpatient Clinics (CBOCs). Available services include primary care, inpatient, specialty care, mental health, long-term care and a domiciliary. Referral patterns were a major factor in determining this market area as it occurs primarily between the 3 Arizona facilities and their CBOCs. The Highways run primarily north/south in Arizona, facilitating the flow of referrals between the AZ facilities. Mountain ranges separating Arizona and New Mexico create a natural barrier that hinders east/west travel. Arizona is forecast to increase the number of veteran enrollees in all counties through 2010. The services available, infrastructure and geography all define Arizona as a natural CARES Market Area. | VISN 18 has not discussed shared counties with VISN 22 as they are remote, sparsely populated desert areas. Discussions with VISN 19 to the north led to the conclusion that there are no sharing opportunities at the present time. |

### 3. Facility List

| **VISN :** 18 | | | | |
|---|---|---|---|---|
| **Facility** | **Primary** | **Hospital** | **Tertiary** | **Other** |
| | | | | |
| **Albuquerque** | | | | |
| 501 New Mexico HCS | ✔ | ✔ | ✔ | - |
| | | | | |
| **Amarillo** | | | | |
| 504 Amarillo HCS | ✔ | ✔ | - | - |
| 504BY Lubbock TX | ✔ | - | - | - |
| | | | | |
| **Big Spring** | | | | |
| 519 West Texas HCS | ✔ | ✔ | - | - |
| | | | | |
| **El Paso OPC** | | | | |
| 756 El Paso HCS | ✔ | ✔ | - | - |
| | | | | |
| **Phoenix** | | | | |
| 644 Phoenix | ✔ | ✔ | ✔ | - |
| | | | | |
| **Prescott** | | | | |
| 649 Northern Arizona HCS | ✔ | ✔ | - | - |
| | | | | |
| **Tucson** | | | | |
| 678 S. Arizona HCS | ✔ | ✔ | ✔ | - |

## 4. Veteran Population and Enrollment Trends



## 5. Planning Initiatives and Collaborative Opportunities

### a. Effective Use of Resources

| Effective Use of Resources | | |
|---|---|---|
| **PI?** | **Issue** | **Rationale/Comments Re: PI** |
| Y | Small Facility Planning Initiative | Prescott is projected to need <40 beds in 2012 and 2022. (Medicine/Surgery/Psychiatry) Its missions needs to be realigned to enhance quality and efficient use of resources. |
| N | Proximity 120 Mile Tertiary | |
| N | Proximity 60 Mile Acute | No facility fell within the proximity gap |
| N | Proximity 120 Mile Tertiary | No facility fell within the proximity gap |
| Y | Vacant Space | All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005. |

### b. Special Disabilities

| Special Populations Planning Initiatives | | |
|---|---|---|
| **PI?** | **Issue** | **Rationale/Comments Re: PI** |
| N | Blind Rehab | VISN 18 has received a recommendation to consider establish a Visual Impairment Services Outpt Program (VISOR) as part of its planning. |
| N | SCI | |

### c. Collaborative Opportunities

| Collaborative Opportunities for use during development of Market Plans | | |
|---|---|---|
| **CO?** | **Collaborative Opportunities** | **Rationale/Comments** |
| | **Enhanced Use** | |
| Y | Medical Office building in Phoenix | This EU plan will allow VISN to take advantage of high commercial value of its land in downtown Phoenix as well as gain space for Phoenix VAMC's administrative needs. Will also support DOD initiative with Luke AFB (See DOD below) |
| | **VBA** | |
| N | There are potential VBA collaboration opportunities at Albuquerque and Tucson. | Discussion with VBA did not result in any match or resources with VBA needs at these locations |
| | **NCA** | |
| Y | Potential NCA collaboration opportunity for a Columbarium at Prescott | VISN should examine feasibility for columbarium at Prescott. |
| | **DOD** | |
| Y | El Paso-Willian Beaumont Army Medical Center | Opportunities for collaboration and sharing, which may address inpatient gaps in this area, should be explored (e.g., possible establishment of VA dedicated inpatient units at Willian Beaumont). |
| Y | Phoenix-Luke AFB | Explore possibility of including Air Force Primary Care Clinic in Enhanced Use Project (see above). Also look at sharing opportunities for an Air Force/TriCare satellite Clinic at Mesa. |

### d. Other Issues

| Other Gaps/Issues Not Addressed By CARES Data Analysis | | |
|---|---|---|
| **PI?** | **Other Issues** | **Rationale/Comments** |
| | List gaps/issues raised by VISNs | Team must also provide rationale for why it didn't assign a PI for a gap or issue raised by VISN. |
| Y | Develop plans to expand research space at Phoenix and Tucson. | Research has taken a very recent upward surge at both Phoenix and Tucson VAMCs (e.g. Human Genome project at Phoenix). Future growth is threatened by lack of space. |

### e. Market Capacity Planning Initiatives

**Arizona Market**

| Category | Type of Gap | FY2001 Baseline | Fy 2001 Modeled *** | FY 2012 Gap | FY 2012 % Gap | FY 2022 Gap | FY 2022 % Gap |
|---|---|---|---|---|---|---|---|
| Primary Care | Population Based * | 349,865 | | 105,062 | **30%** | 62,675 | **18%** |
| | Treating Facility Based ** | 363,918 | | 96,391 | **26%** | 49,926 | **14%** |
| Specialty Care | Population Based * | 316,124 | | 184,429 | **58%** | 160,857 | **51%** |
| | Treating Facility Based ** | 321,713 | | 179,926 | **56%** | 153,506 | **48%** |
| Mental Health | Population Based * | 131,879 | | 80,185 | **61%** | 45,791 | **35%** |
| | Treating Facility Based ** | 132,580 | | 73,567 | **55%** | 42,179 | **32%** |
| Medicine | Population Based * | 48467 | | 16832 | **35%** | 9035 | **19%** |
| | Treating Facility Based ** | 49063 | | 14427.52 | **29%** | 6444.1 | **13%** |
| Psychiatry | Population Based * | 23675 | | 13941 | **59%** | 9146 | **39%** |
| | Treating Facility Based ** | 21177 | | 11123.14 | **53%** | 6428.28 | **30%** |

**New Mexico/ West Texas Market**

| Category | Type of Gap | FY2001 Baseline | Fy 2001 Modeled *** | FY 2012 Gap | FY 2012 % Gap | FY 2022 Gap | FY 2022 % Gap |
|---|---|---|---|---|---|---|---|
| Specialty Care | Population Based * | 259,930 | | 137,286 | **53%** | 76,738 | **30%** |
| | Treating Facility Based ** | 265,620 | | 137,947 | **52%** | 78,688 | **30%** |
| Mental Health | Population Based * | 120,570 | | 62,171 | **52%** | 20,058 | **17%** |
| | Treating Facility Based ** | 114,117 | | 56,442 | **49%** | 19,512 | **17%** |
| Medicine | Population Based * | 39,493 | | 23,317 | **59%** | 11,037 | **28%** |
| | Treating Facility Based ** | 39,434 | | 21,738 | **55%** | 9,857 | **25%** |
| Psychiatry | Population Based * | 22065 | | 8969 | **41%** | 3493 | **16%** |
| | Treating Facility Based ** | 18634 | | 9078.54 | **49%** | 3435.98 | **18%** |

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards**.

## 6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

**Stakeholder Narrative:**

John McKinney, a district commander with the Americal Legion, is a member of the VISN 18 CARES Steering Committee and provided great input for both market areas. He is well informed on healthcare in both market areas and influenced several issues including the small facility initiative in the Arizona Market and DoD sharing issues with William Beaumont Army Medical Center in El Paso. He is adament about VA managing inpatient care at the William Beaumont Army Medical Center in El Paso because the Army frequently deploys leaving the Army hospital understaffed.

## 7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

**Collaboration with Other VISNs Narrative:**

One of our options for inpatient psychiatry was to collaborate with VISN 17. That option was not the preferred option by the VISN 18 CARES Steering Committee. The preferred option is to collaborate with DoD in El Paso for inpatient psychiatry care.

## B. Resolution of VISN Level Planning Initiatives

### 1. Proximity Planning Initiatives (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

**Proximity Narrative:**

No Impact

### 2. Special Disability Planning Initiative (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

**Your analysis should include the following:**

1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:
    - SCI
    - Blind Rehab
    - SMI
    - TBI
    - Substance Abuse
    - Homeless
    - PTSD
2. Discuss how the planning initiative may affect, complement or enhance special disability services.
3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

**Special Disability Narrative:**

No Impact

## C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

**Your analysis should include the following:**

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

**VISN Planning Initiatives Narrative:**

As a component of the VISN 18 CARES Plan, a Planning Initiative was identified to expand the space available for the projected growth of the research programs at VAMC Phoenix and the Southern Arizona VA Healthcare System (SAVAHCS). The New Mexico VA Health Care System (NMVAHCS) is the largest and most mature research program in the Network. All three facilities are suffering growth pains and are being restrained by a serious lack of available or appropriate space for research. Stakeholders are very concerned about the research space shortage, particularly since Outpatient Specialty Care was identified as a significant capacity gap for all VISN facilities.

VAMC Phoenix has a unique opportunity to join with Arizona State University (ASU) in establishing the Arizona Biomedical Institute. It will organize a multidisciplinary group of clinician scientists and basic scientists who can focus on some of the most significant health care issues of our veteran population. Expanded facilities and collaboration will facilitate recruitment of outstanding clinical specialist.

Through the efforts of the SAVAHCS, the national Human Genome project was awarded to the state of Arizona. The SAVAHCS has also established a Molecular Diagnostics and Research Laboratory (MDRL). The SAVAHCS is one of the few facilities in the state to provide this technology and expertise. The MDRL's goals are to support and advance laboratory standards for patient care, medical research and medical education.

The NMVAHCS is a participant in the New Mexico Cancer Care Alliance (NMCCA) in the forefront of cancer research. The University of New Mexico School of Medicine's excellent programs attract candidates from all around the country. New areas of research are occurring in social behavioral, psychiatric and addictive disorders. Expansions are planned in existing neurological and sensory disorders programs, as well as, in cardiovascular and pulmonary research.

The NMVAHCS currently supports 42,251 nsf of research space. Existing research space was originally staff housing built in 1932, and is poorly designed for research. Existing Principal Investigators have no room to expand their efforts. Efforts to attract skilled physicians in several specialties have suffered or failed in the recent past due to a

lack of space. Based on nominal funding growth projections of 2% per annum, the research space needs will continue to grow. The demand for space coupled with the outdated existing space is proposed to be addressed by the construction of 60,000 nsf of research space.

At the SAVAHCS the Space and Functional Survey identified 35,661 nsf of research space. However, the Survey graded the space with an average CARES Condition Code of D. It is projected that within five years 10,884 sq.ft. of additional space will be needed and an additional 15,000 sq.ft. will be needed by 2022. The SAVAHCS plans to address the problems through a Minor project (5000 sq.ft.) for research wet laboratories in 2003/2004, renovation of current research space, and through another Minor project (6000 sq.ft.) for research wet laboratories in 2007/2008.

VAMC Phoenix's research funding for FY 2002 was $2 million. Research generated funding at the medical center jumped by 58% between FY 2001 and FY 2002. The percentage change in growth is dramatic because of the low initial base denominator. In developing the funding and space projections, an accelerated growth rate of 25% was utilized for FY 2003 - 2007. By FY 2007, VAMC Phoenix will reach the mature funding level of VAMC Albuquerque's current program, and a growth rate mirroring Albuquerque's 2% was utilized for the projections out to FY 2022. VAMC Phoenix plans to address the problem through a collaboration with ASU's Arizona Biomedical Institute in the construction of a 40,000 nsf joint use facility.

## D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

### 1. Inpatient Summary

#### a. Workload

| | BDOC Projections (from demand) | | | FY 2012 Projection (from solution) | | FY 2022 Projection (from solution) | | |
|---|---|---|---|---|---|---|---|---|
| INPATIENT CARE | Baseline FY 2001 BDOC | FY 2012 BDOC | FY 2022 BDOC | In House BDOC | Other BDOC | In House BDOC | Other BDOC | Net Present Value |
| Medicine | 88,497 | 124,662 | 104,798 | 103,213 | 21,453 | 93,918 | 10,883 | $ 227,846,456 |
| Surgery | 42,727 | 44,984 | 38,129 | 38,951 | 6,036 | 33,296 | 4,836 | $ (44,523,672) |
| Psychiatry | 39,811 | 60,013 | 49,675 | 38,897 | 21,120 | 34,911 | 14,767 | $ 127,918,144 |
| PRRTP | 7,333 | 7,333 | 7,333 | 7,333 | - | 7,333 | - | $ (30,536) |
| NHCU/Intermediate | 411,881 | 411,881 | 411,881 | 142,939 | 268,942 | 142,939 | 268,942 | $ - |
| Domiciliary | 37,034 | 37,034 | 37,034 | 37,034 | - | 37,034 | - | $ - |
| Spinal Cord Injury | 6,532 | 6,532 | 6,532 | 6,532 | - | 6,532 | - | $ - |
| Blind Rehab | 10,969 | 10,969 | 10,969 | 10,969 | - | 10,969 | - | $ - |
| **Total** | **644,784** | **703,408** | **666,352** | **385,868** | **317,551** | **366,932** | **299,428** | **$ 311,210,392** |

**b. Space**

| | Space Projections (from demand) | | | Post CARES (from solution) | | |
|---|---|---|---|---|---|---|
| INPATIENT CARE | Baseline FY 2001 DGSF | FY 2012 DGSF | FY 2022 DGSF | FY 2012 Projection | FY 2022 Projection | Net Present Value |
| Medicine | 140,756 | 239,382 | 201,610 | 215,551 | 196,484 | $ 227,846,456 |
| Surgery | 59,500 | 76,937 | 65,203 | 71,098 | 60,786 | $ (44,523,672) |
| Psychiatry | 65,104 | 113,945 | 94,736 | 85,240 | 75,389 | $ 127,918,144 |
| PRRTP | 7,033 | 5,560 | 5,560 | 5,574 | 5,574 | $ (30,536) |
| NHCU/Intermediate | 197,987 | 197,987 | 197,987 | 197,979 | 197,979 | $ - |
| Domiciliary | 51,729 | 51,729 | 51,729 | 51,729 | 51,729 | $ - |
| Spinal Cord Injury | 24,462 | 24,462 | 24,462 | 24,462 | 24,462 | $ - |
| Blind Rehab | 31,824 | 31,824 | 31,824 | 31,824 | 31,824 | $ - |
| **Total** | **578,395** | **741,826** | **673,112** | **683,457** | **644,227** | **$ 311,210,392** |

## 2. Outpatient Summary

### a. Workload

| | Clinic Stop Projections (from demand) | | | FY 2012 Projection (from solution) | | FY 2022 Projection (from solution) | | |
|---|---|---|---|---|---|---|---|---|
| Outpatient CARE | Baseline FY 2001 Stops | FY 2012 Stops | FY 2022 Stops | In House Stops | Other Stops | In House Stops | Other Stops | Net Present Value |
| Primary Care | 751,823 | 829,785 | 711,842 | 747,406 | 82,383 | 657,899 | 53,947 | $ 4,055,039 |
| Specialty Care | 587,332 | 905,206 | 819,526 | 744,221 | 160,988 | 682,084 | 137,445 | $ 9,749,371 |
| Mental Health | 246,696 | 376,705 | 308,387 | 343,229 | 34,452 | 291,228 | 18,134 | $ (3,788,971) |
| Ancillary& Diagnostic | 762,784 | 983,748 | 939,139 | 926,812 | 56,941 | 886,418 | 52,724 | $ (39,399,761) |
| **Total** | **2,348,636** | **3,095,444** | **2,778,894** | **2,761,668** | **334,764** | **2,517,629** | **262,250** | **$ (29,384,322)** |

**b. Space**

| | Space Projections (from demand) | | | Post CARES (from solution) | | |
|---|---|---|---|---|---|---|
| Outpatient CARE | Baseline FY 2001 DGSF | FY 2012 DGSF | FY 2022 DGSF | FY 2012 Projection | FY 2022 Projection | Net Present Value |
| Primary Care | 341,853 | 441,049 | 378,379 | 417,626 | 368,244 | $ 4,055,039 |
| Specialty Care | 412,988 | 1,014,069 | 915,102 | 886,964 | 808,460 | $ 9,749,371 |
| Mental Health | 119,327 | 227,046 | 185,067 | 219,175 | 184,146 | $ (3,788,971) |
| Ancillary& Diagnostic | 266,945 | 619,833 | 592,604 | 619,831 | 592,599 | $ (39,399,761) |
| **Total** | **1,141,113** | **2,301,997** | **2,071,152** | **2,143,596** | **1,953,449** | **$ (29,384,322)** |

### 3. Non-Clinical Summary

| | Space Projections (from demand) | | | Post CARES (from solution) | | |
|---|---|---|---|---|---|---|
| NON-CLINICAL | Baseline FY 2001 DGSF | FY 2012 DGSF | FY 2022 DGSF | FY 2012 Projection | FY 2022 Projection | Net Present Value |
| Research | 107,572 | 107,572 | 107,572 | 190,144 | 213,381 | $ (20,374,942) |
| Admin | 958,461 | 1,648,233 | 1,478,540 | 1,577,282 | 1,453,723 | $ (40,458,937) |
| Outleased | 72,946 | 72,946 | 72,946 | - | - | N/A |
| Other | 119,068 | 119,068 | 119,068 | 119,068 | 119,068 | $ - |
| Vacant Space | 40,368 | - | - | 8,776 | 58,005 | $ 14,139,875 |
| **Total** | **1,298,415** | **1,947,819** | **1,778,126** | **1,895,270** | **1,844,177** | **$ (46,694,004)** |

## II. Market Level Information

### A. Arizona Market

#### 1. Description of Market

##### a. Market Definition

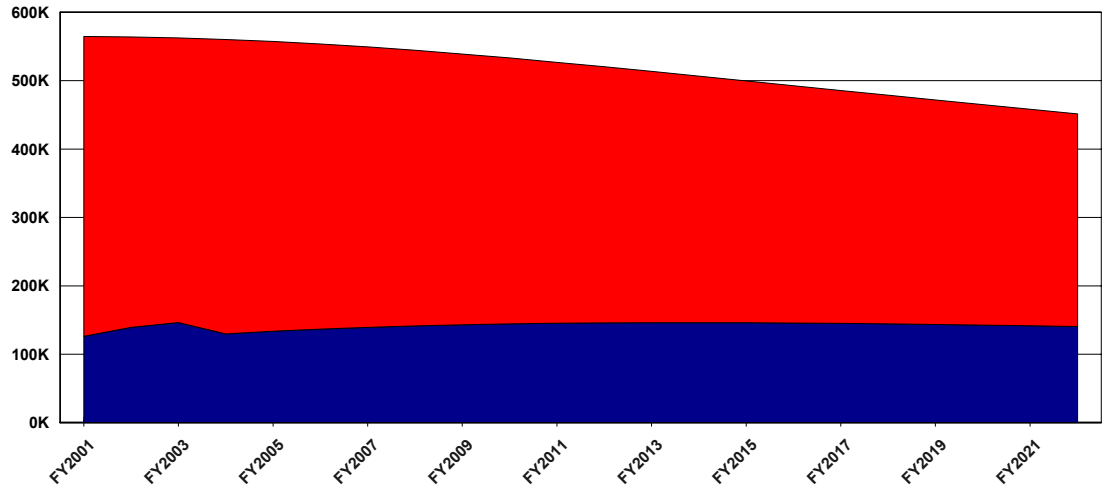
| Market: | Includes: | Rationale: | Shared Counties: |
|---|---|---|---|
| Arizona Market<br><br>Code: 18A | All 15 Counties in the state of Arizona | The Arizona CARES Market Area includes the two urban, tertiary care VA Health Care Systems (HCS) located in Phoenix and Tucson, a secondary HCS in Prescott, along with 12 Community Based Outpatient Clinics (CBOCs). Available services include primary care, inpatient, specialty care, mental health, long-term care and a domiciliary. Referral patterns were a major factor in determining this market area as it occurs primarily between the 3 Arizona facilities and their CBOCs. The Highways run primarily north/south in Arizona, facilitating the flow of referrals between the AZ facilities. Mountain ranges separating Arizona and New Mexico create a natural barrier that hinders east/west travel. Arizona is forecast to increase the number of veteran enrollees in all counties through 2010. The services available, infrastructure and geography all define Arizona as a natural CARES Market Area. | VISN 18 has not discussed shared counties with VISN 22 as they are remote, sparsely populated desert areas. Discussions with VISN 19 to the north led to the conclusion that there are no sharing opportunities at the present time. |

### b. Facility List

| **VISN :** 18 | | | | |
|---|---|---|---|---|
| **Facility** | **Primary** | **Hospital** | **Tertiary** | **Other** |
| | | | | |
| **Phoenix** | | | | |
| 644 Phoenix | ✔ | ✔ | ✔ | - |
| | | | | |
| **Prescott** | | | | |
| 649 Northern Arizona HCS | ✔ | ✔ | - | - |
| | | | | |
| **Tucson** | | | | |
| 678 S. Arizona HCS | ✔ | ✔ | ✔ | - |

### c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



## d. List of All Planning Initiatives & Collaborative Opportunities

| CARES Categories Planning Initiatives | | | | | | |
|---|---|---|---|---|---|---|
| Arizona Market | | | Februrary 2003 (New) | | | |
| Market PI | Category | Type Of Gap | FY2012 Gap | FY2012 %Gap | FY2022 Gap | FY2022 %Gap |
| | Access to Primary Care | Access | | | | |
| | Access to Hospital Care | Access | | | | |
| | Access to Tertiary Care | Access | | | | |
| Y | Primary Care Outpatient Stops | Population Based | 105,064 | 30% | 62,675 | 18% |
| | | Treating Facility Based | 96,392 | 26% | 49,926 | 14% |
| Y | Specialty Care Outpatient Stops | Population Based | 184,429 | 58% | 160,857 | 51% |
| | | Treating Facility Based | 179,926 | 56% | 153,506 | 48% |
| Y | Mental Health Outpatient Stops | Population Based | 80,185 | 61% | 45,790 | 35% |
| | | Treating Facility Based | 73,566 | 55% | 42,179 | 32% |
| Y | Medicine Inpatient Beds | Population Based | 54 | 35% | 29 | 19% |
| | | Treating Facility Based | 47 | 29% | 21 | 13% |
| N | Surgery Inpatient Beds | Population Based | 5 | 6% | -4 | -5% |
| | | Treating Facility Based | 1 | 2% | -7 | -10% |
| Y | Psychiatry Inpatent Beds | Population Based | 45 | 59% | 29 | 39% |
| | | Treating Facility Based | 36 | 53% | 21 | 30% |

## e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

**Stakeholder Narrative:**

We had good stakeholder input into the VISN 18 CARES Steering Committee, specificially the American Legion and PVA. They provided good input which influenced our market plan.

## f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

**Shared Market Narrative:**

No Impact

**g. Overview of Market Plan**

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

**Executive Summary Narrative:**

The Arizona Market, consisting of VA Health Care Systems located in Prescott, Phoenix, and Tucson, Arizona, considered a number of options for each identified Planning Initiative (PI) and selected a preferred option from a number of alternatives. It should be noted that while no significant cost differences were detected, decisions were driven by factors such as access, quality, patient satisfaction and convenience. The preferred options are summarized below:Small Facility PI Preferred Option: The number of acute medicine beds at VA Prescott will be increased by 19 to reach a total of 44 beds and will support three (3) other PIs within the Arizona Market: Inpatient Medical Beds, Outpatient Primary Care and Outpatient Specialty Care. The network feels this option is best as it will help to relieve the workload at Phoenix and will bring more specialty outpatient services closer to veterans living in the Prescott area.Outpatient Primary Care PI Preferred Option: Phoenix and Prescott will reduce the amount of primary care that is accomplished at the parent facility and move that workload to their existing and new CBOCs. They will use the space vacated by primary care for increased outpatient specialty care. VA Tucson will absorb the increase at the parent facility until current providers are at 100% enrollment with the balance reallocated to two planned urban CBOC(s). This option is based on a “hub and spokes” scenario and was selected as it is believed that access and quality would be enhanced leading this option to be the most functional way for the VA to deliver careOutpatient Specialty Care PI Preferred Option: Phoenix will increase their outpatient specialty care at the home facility in the space vacated by outpatient primary care and by adding additional space as required. Prescott will recruit medical specialty providers as appropriate to their mission. Tucson will utilize space vacated by mental health that will move to CBOCs and new space at parent facility. This PI is linked to the Small Facility preferred option, and was selected because of superior access, quality factors.Outpatient Mental Health PI Preferred Option: All three facilities will increase their outpatient mental health capacity in accordance with the VISN mental health plan. This will bring VISN 18 up to the national average of accomplishing 20% of our CBOC workload for outpatient mental health. The remainder of the outpatient mental health gap will be addressed at the parent facility or via contract. This option was selected over the contracting out option due to concerns about the quality of care issues.Inpatient Psychiatry PI Preferred Option: VA Phoenix and Tucson will reactivate inpatient psychiatry beds as required to meet this PI As there was not a significant difference in cost, the network used the quality of the VA inpatient

psychiatry program as the most significant criteria in selecting this option over the contracting one.Inpatient Medicine Bed PI Preferred Option: As this PI is directly linked to the Samll Facility PI for VA Prescott, the network selected the option to increase the number of acute medicine beds at VA Prescott by 19 to reach a total of 44 beds and to reduce the demand gap at VA Phoenix from 27 to 8 beds requiring reactivation. VA Tucson will continue to require 20 beds, which will be addressed through reactivation of beds.

## 2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

**Access Narrative:**

No Impact

| Service Type | Baseline FY 2001 | | Proposed FY 2012 | | Proposed FY 2022 | |
|---|---|---|---|---|---|---|
| | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines |
| **Primary Care** | **1%** | 138,522 | **1%** | 144,446 | **1%** | 139,084 |
| **Hospital Care** | **88%** | 16,791 | **88%** | 17,509 | **89%** | 15,454 |
| **Tertiary Care** | **99%** | 1,399 | **99%** | 1,459 | **99%** | 1,405 |

**Guidelines:**

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

## 3. Facility Level Information – Phoenix

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

The medical center has begun preliminary negotiations toward a potential collaborative opportunity with Luke AFB, which is located in the far west side of the Phoenix metropolitan area. The medical center's Mesa CBOC is located in the far east side of the Phoenix metropolitan area in the old Base Hospital building of the former Williams AFB. Discussions are focused on either the AFB contracting with the medical center to provide outpatient services to east valley Air Force beneficiaries at our Mesa CBOC, or by having Air Force providers sharing space and treating their beneficiaries at our Mesa CBOC. A successful collaboration would increase the workload demand VA staff would need to address as well as the amount of space the CBOC will need to accomplish the workload or share with Air Force personnel. `Progress is currently on hold pending the return of key individuals from the war in Iraq.

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

VISN 18 submitted an enhanced use project for a child care center, office building, research space, and some clinical space. The DoD CARES sharing iniative and Research Initiative are dependent upon this EU project being completed. There has been no action from OAEM.

## Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

As component of the VISN 18 CARES Plan, a Planning Initiative was identified to expand the space available for the projected growth of research at VAMC Phoenix. The medical center is a Research Core Level 1 facility that shows clear progress toward establishing an emerging center of excellence. A VAMC Phoenix Medical Research Foundation has been established. The medical center is in the process of making a major expansion of its research programs by recruiting nationally recognized investigators. Major areas of research include Diabetes, Arteriosclerosis, Rheumatoid Arthritis, Osteoarthritis, Fibromyalgia, and Endocrinology. A world renowned Pulmonologist with an impressive research portfolio has just recently been added to our staff. During fiscal year 2002, there were 46 active Research Principal Investigators and 130 active research projects at the medical center. An exciting and unique opportunity exists for the medical center to join with Arizona State University (ASU) in establishing the Arizona Biomedical Institute. It will organize a multidisciplinary group of clinician scientists and basic scientists who can focus on some of the most significant health care issues of our veteran population. It will emphasize

applied biomedical research and the training of the next generation of clinician scientists. Expanded facilities and collaboration will facilitate recruitment of outstanding medical and basic science faculty and trainees. This will be a natural platform and magnet for engaging industry, bioengineering, biotechnology and clinical science in a vibrant and creative environment, while enhancing the medical center's recruitment and retention, as well as, the VA's outstanding research reputation. The medical center's total research funding for FY 2002 was more than $2 million. Research generated funding at the medical center jumped by 58% between FY 2001 and FY 2002. Obviously the current percentage change in growth from year to year is very dramatic because we are starting from a low initial base denominator. Unlike our VISN 18 sister facility, VAMC Albuquerque which displays the growth patterns of a mature research program. Therefore in developing the funding and space projections, VAMC Phoenix utilized an accelerated growth rate of 25% for FY 2003 through FY 2007. By FY 2007, VAMC Phoenix will have approached the critical mass reflected in the mature funding level parameters of VAMC Albuquerque's current program, and a more modest growth rate mirroring Albuquerque's 2% was utilized for the projections out to FY 2022. The collaboration with ASU's Arizona Biomedical Institute will fuel further and faster growth. The medical center's preferred option to address this growth is through a construction project proposed in concert with Arizona State University. ASU provides an ideal location for the construction of a 40,000 sq. ft. joint use facility, whereas VAMC Phoenix is landlocked in a highly urban metropolitan area near the major downtown business district. The Alternative 2 proposal being presented as an interim measure would be to continue our current piecemeal approach of leasing laboratory space and using a former nursing unit for offices and clinical research space. The medical center would plan to purchase modular office space for the research program and locate it next to Bldg. 21. The medical center has plans to remodel approximately 20,000 nsf in Bldg. 21 for research office and lab space. In addition, it is planned to construct a two-story administrative building to house functions displaced from Bldg. 21 and from the medical center to address other CARES initiatives.

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Medicine | 33,798 | 8,295 | 27,956 | 2,453 | 839 | - | - | - | - | - | 27,117 | $ | 131,478,428 |
| Surgery | 11,361 | (36) | 11,362 | (35) | 909 | - | - | - | - | - | 10,453 | $ | (410,697) |
| Intermediate/NHCU | 104,253 | - | 104,253 | - | 79,233 | - | - | - | - | - | 25,020 | $ | - |
| Psychiatry | 20,188 | 8,867 | 20,189 | 8,868 | 606 | - | - | - | - | - | 19,583 | $ | (1,481,427) |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| **Total** | **169,601** | **17,127** | **163,760** | **11,286** | **81,587** | **-** | **-** | **-** | **-** | **-** | **82,173** | **$** | **129,586,304** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Primary Care | 233,135 | 70,110 | 224,991 | 61,966 | 21,554 | - | - | - | - | - | 203,437 | $ | 23,859,715 |
| Specialty Care | 255,980 | 80,979 | 267,294 | 92,293 | 93,906 | - | - | - | - | - | 173,388 | $ | 2,210,581 |
| Mental Health | 107,027 | 45,701 | 107,028 | 45,701 | 4,282 | - | - | - | - | - | 102,746 | $ | (5,539,146) |
| Ancillary & Diagnostics | 279,864 | 99,816 | 279,865 | 99,817 | 11,195 | - | - | - | - | - | 268,670 | $ | (15,413,034) |
| **Total** | **876,006** | **296,605** | **879,178** | **299,777** | **130,937** | **-** | **-** | **-** | **-** | **-** | **748,241** | **$** | **5,118,116** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 68,193 | 28,728 | 56,403 | 16,938 | 39,465 | - | 14,800 | - | - | - | 54,265 | (2,138) |
| Surgery | 21,011 | 6,765 | 21,011 | 6,765 | 14,246 | - | 2,000 | - | - | - | 16,246 | (4,765) |
| Intermediate Care/NHCU | 50,854 | - | 50,853 | (1) | 50,854 | - | - | - | - | - | 50,854 | 1 |
| Psychiatry | 47,783 | 20,769 | 47,783 | 20,769 | 27,014 | - | 10,500 | - | - | - | 37,514 | (10,269) |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **187,841** | **56,262** | **176,050** | **44,471** | **131,579** | **-** | **27,300** | **-** | **-** | **-** | **158,879** | **(17,171)** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 126,546 | 37,866 | 120,028 | 31,348 | 88,680 | - | - | - | 4,000 | - | 92,680 | (27,348) |
| Specialty Care | 267,499 | 160,145 | 190,727 | 83,373 | 107,354 | 5,852 | 40,000 | - | - | - | 153,206 | (37,521) |
| Mental Health | 56,511 | 37,253 | 56,510 | 37,252 | 19,258 | - | 11,400 | - | 14,000 | - | 44,658 | (11,852) |
| Ancillary and Diagnostics | 171,949 | 117,767 | 171,949 | 117,767 | 54,182 | - | 82,000 | - | - | - | 136,182 | (35,767) |
| **Total** | **622,505** | **353,031** | **539,214** | **269,740** | **269,474** | **5,852** | **133,400** | **-** | **18,000** | **-** | **426,726** | **(112,488)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | (27,149) | 55,478 | 28,329 | 27,149 | - | 20,000 | - | - | - | 47,149 | (8,329) |
| Administrative | 385,248 | 187,290 | 354,541 | 156,583 | 197,958 | - | 41,115 | - | - | - | 239,073 | (115,468) |
| Other | 25,267 | - | 25,267 | - | 25,267 | - | - | - | - | - | 25,267 | - |
| **Total** | **410,515** | **160,141** | **435,286** | **184,912** | **250,374** | **-** | **61,115** | **-** | **-** | **-** | **311,489** | **(123,797)** |

## 4. Facility Level Information – Prescott

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

The resolution of the Small Facility PI is significant in that the option selected for implementation will not only impact resolutions for many of the remaining PIs, but have significant impact on access to healthcare services for veterans served within the Market. The option to increase acute beds at Prescott directly interrelates with options to resolve the Phoenix Inpatient Medicine PI gap, the Outpatient Specialty Care gap for both Prescott and Phoenix and the Outpatient Primary Care gap for Prescott and Phoenix. Given the current high quality of care provided, the preferred Option 1 would enhance the quantity, quality and accessibility of Inpatient Medical care available at NAVAHCS and at VAMC Phoenix. In-house location ensures medical support is readily available, as well

as, outpatient mental health consults and follow-up. It maintains continuity and direct VA control of all quality parameters, prevention indexes and clinical indicators. Option 2 requires the expense and additional space of relocating a specialty clinic at the Phoenix VA. Medical records for NAVAHCS inpatients would not be in CPRS. Fragmentation of care between primary and VA-based specialty/in-patient care may arise. Also, YRMC staff are not familiar with the unique veteran population needs.Safety and Environment: Option 1 would activate 19 medical beds on a ward that previously functioned as a medical ward. Activation will be at minimal cost, renovation and staffing. In-house space ensures proper layout, quantity, and compliance with auditing and review bodies such as JCAHO, Life Safety codes and ADA. NAVAHCS' RCA process was recognized as best practice by Dr. Bagian, Director, National Center for Patient Safety.Healthcare Quality as Measured by Access: Option 1 enhances the ability for NAVAHCS to add medical specialties and reduce the necessity of transfer for many patients from NAVAHCS. With Option 2, historically YRMC has not had bed or staffing capacity to accommodate even limited referrals from overflow or emergencies. Research and Affiliations: The preferred Option 1 would expand the pool of teaching cases for medical students and all other allied health students. Option 2 would have a very negative impact on NAVAHCS' clinical affiliations. Staffing and Community: Option 1 contributes to NAVAHCS' ability to recruit physicians and specialists. NAVAHCS has a low nursing turn over rate and has been successful recruiting nurses. It allows NAVAHCS to provide community inpatient care in emergency/disasters. With Option 2 it is important to note that YRMC has unstaffed beds due to nursing recruitment challenges. The absence of local VA medical beds will make recruitment of physicians and specialists very challenging. If inpatient workload is not transferred from Phoenix to Prescott, Phoenix is likely to have even a greater nurse recruitment challenge.Optimizing Use of Resources: Option 1 makes much better use of NAVAHCS' resources with a minimal impact on Phoenix resources. Option 2 requires significant capital outlay for Phoenix and a large contract expense for NAVAHCS. Utilizing VA employees to staff NAVAHCS' reactivated ward will be less expensive and provide more flexibility than contract care. The reactivation of existing space is less costly than new VA construction.Support of other Missions of VA: Option 1 will allow NAVAHCS to provide support during community and/or national emergencies. It also provides a ready VA location for Phoenix to transfer lower acuity patients to in a national emergency, so that Phoenix could offer more beds to address the national emergency. Phoenix is a national commercial airport hub and a primary referral facility for DOD contingency cases via Luke Air Force Base. Option 2 would destroy this back-up support potential and NAVAHCS would no longer be able to provide support for VA/DOD contingency inpatient care. See Small Facility Narrative on CARES Portal for detailed information.

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

NCA – Build a Columbarium: NAVAHCS maintains a 15 acre National Cemetery which has been closed to new interments since the mid 1970's. This proposed Columbarium is an estimated $1.5 million dollar project, funded by the National Cemetery Administration to provide approximately 3000 niches of columbarium at the Prescott National Cemetery, located adjacent to the NAVAHCS campus. This project is currently in design and has an anticipated construction in 2004.

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

## Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | 8,097 | (223) | 13,940 | 5,620 | 140 | - | - | - | - | - | 13,800 | $ (75,979,946) |
| Surgery | 88 | (97) | 89 | (96) | 68 | - | - | - | - | - | 21 | $ - |
| Intermediate/NHCU | 30,212 | - | 30,212 | - | 303 | - | - | - | - | - | 29,909 | $ - |
| Psychiatry | 478 | 11 | 479 | 12 | 479 | - | - | - | - | - | - | $ 1,834,072 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | 37,034 | - | 37,034 | - | - | - | - | - | - | - | 37,034 | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **75,910** | **(308)** | **81,754** | **5,536** | **990** | **-** | **-** | **-** | **-** | **-** | **80,764** | **$ (74,145,874)** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | 54,104 | (4,963) | 62,250 | 3,183 | 2,590 | - | - | - | - | - | 59,660 | $ (17,122,006) |
| Specialty Care | 58,497 | 31,238 | 47,184 | 19,925 | 4,719 | - | - | - | - | - | 42,465 | $ 17,581,840 |
| Mental Health | 28,227 | 2,967 | 28,228 | 2,968 | 2,061 | - | - | - | - | - | 26,167 | $ (907,010) |
| Ancillary & Diagnostics | 71,051 | 6,362 | 71,052 | 6,363 | 8,527 | - | - | - | - | - | 62,525 | $ (320,326) |
| **Total** | **211,880** | **35,604** | **208,714** | **32,439** | **17,897** | **-** | **-** | **-** | **-** | **-** | **190,817** | **$ (767,502)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 16,673 | 4,504 | 28,704 | 16,535 | 12,169 | 12,000 | - | - | - | - | 24,169 | (4,535) |
| Surgery | 35 | 35 | 35 | 35 | - | - | - | - | - | - | - | (35) |
| Intermediate Care/NHCU | 47,196 | - | 47,195 | (1) | 47,196 | - | - | - | - | - | 47,196 | 1 |
| Psychiatry | 776 | 776 | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | 51,729 | - | 51,729 | - | 51,729 | - | - | - | - | - | 51,729 | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **116,410** | **5,316** | **127,663** | **16,569** | **111,094** | **12,000** | **-** | **-** | **-** | **-** | **123,094** | **(4,569)** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 26,241 | 2,116 | 29,830 | 5,705 | 24,125 | - | - | - | - | - | 24,125 | (5,705) |
| Specialty Care | 57,913 | 42,643 | 46,712 | 31,442 | 15,270 | 11,419 | 15,000 | - | - | - | 41,689 | (5,023) |
| Mental Health | 14,439 | 5,893 | 14,392 | 5,846 | 8,546 | - | - | - | 3,500 | - | 12,046 | (2,346) |
| Ancillary and Diagnostics | 40,016 | 11,423 | 40,016 | 11,423 | 28,593 | 4,000 | - | - | - | - | 32,593 | (7,423) |
| **Total** | **138,609** | **62,075** | **130,950** | **54,416** | **76,534** | **15,419** | **15,000** | **-** | **3,500** | **-** | **110,453** | **(20,497)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | 181,063 | 48,758 | 183,615 | 51,310 | 132,305 | - | 23,000 | - | - | - | 155,305 | (28,310) |
| Other | 8,645 | - | 8,645 | - | 8,645 | - | - | - | - | - | 8,645 | - |
| **Total** | **189,708** | **48,758** | **192,260** | **51,310** | **140,950** | **-** | **23,000** | **-** | **-** | **-** | **163,950** | **(28,310)** |

## 5. Facility Level Information – Tucson

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

Expanding clinical research space for the Phoenix and Tucson VA facilities was identified as an issue by the CARES PI team. Based on the current research allocation model (1 sq.ft. per $150 of grant money), Tucson's research space as a baseline should be 33,490 sq.ft. The CARES Space and Functional Survey identified 35,661 sq.ft. of research space; however, the survey also identified that most of the space was not up to current standards and codes. The CARES Space survey grading of our research space identified that a significant percentage of our space has an average CARES condition code of D.

Using the CARES space allocation model, we are projecting that within five years we will need 10,884 sq.ft. of additional research space and an additional 15,000 sq.ft. by 2022. Factors for this projection are as follows: 1.) A trended annual growth rate in grant funding, adjusted for inflation and expected leveling off of growth. 2.)The nation Human Genome project was awarded to the state of Arizona. The two state universities will be actively involved with this project. 3.) The creation of a molecular diagnostics and research laboratory (MDRL) at the Tucson VAMC. Our MDRL is one of the few in the state to provide this technology and expertise. The MDRL's goals are to support and advance laboratory standards for patient care, medical research and medical education. 4.) A key to successfully recruiting clinical specialists in the VA is the opportunity to conduct research in an academic setting. This is a critical need given that outpatient specialty was identified as a significant capacity gap for our medical center.

SAVAHCS plans to address the problems with our current research space and need for additional space through the submission of a Minor project (5000 sq.ft.) for research wet laboratories in 2003/2004, renovation of current substandard research space and through the submission of another Minor project (6000 sq.ft.) for research wet laboratories in 2007/2008.

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Medicine | 21,595 | 6,355 | 21,596 | 6,356 | 3,770 | - | - | - | - | - | 17,826 | $ | (12,093,463) |
| Surgery | 10,634 | 560 | 10,635 | 561 | - | - | - | - | - | - | 10,635 | $ | - |
| Intermediate/NHCU | 91,751 | - | 91,751 | - | 65,144 | - | - | - | - | - | 26,607 | $ | - |
| Psychiatry | 11,633 | 2,244 | 11,634 | 2,245 | 2,956 | - | - | - | - | - | 8,678 | $ | 908,749 |
| PRRTP | 3 | - | 3 | - | - | - | - | - | - | - | 3 | $ | (30,536) |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Blind Rehab | 10,969 | - | 10,969 | - | - | - | - | - | - | - | 10,969 | $ | - |
| **Total** | **146,586** | **9,160** | **146,588** | **9,162** | **71,870** | **-** | **-** | **-** | **-** | **-** | **74,718** | **$** | **(11,215,250)** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Primary Care | 173,069 | 31,244 | 173,069 | 31,244 | 37,508 | - | - | - | - | - | 135,561 | $ | 1,829,728 |
| Specialty Care | 187,162 | 67,709 | 187,163 | 67,710 | 27,346 | - | - | - | - | - | 159,817 | $ | (10,183,385) |
| Mental Health | 70,892 | 24,899 | 70,892 | 24,900 | 17,747 | - | - | - | 442 | 530 | 54,117 | $ | 4,137,180 |
| Ancillary & Diagnostics | 208,256 | 74,260 | 208,257 | 74,261 | 4,166 | - | - | - | - | - | 204,091 | $ | (10,764,179) |
| **Total** | **639,379** | **198,112** | **639,381** | **198,114** | **86,767** | **-** | **-** | **-** | **442** | **530** | **553,586** | **$** | **(14,980,656)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 44,021 | 21,438 | 37,078 | 14,495 | 22,583 | - | - | - | - | 7,000 | 29,583 | (7,495) |
| Surgery | 18,505 | 2,004 | 18,505 | 2,004 | 16,501 | - | - | - | - | - | 16,501 | (2,004) |
| Intermediate Care/NHCU | 26,159 | - | 26,158 | (1) | 26,159 | - | - | - | - | - | 26,159 | 1 |
| Psychiatry | 18,847 | 9,378 | 14,058 | 4,589 | 9,469 | - | 3,000 | - | - | - | 12,469 | (1,589) |
| PRRTP | - | (1,473) | 14 | (1,459) | 1,473 | - | - | - | - | - | 1,473 | 1,459 |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | 31,824 | 31,824 | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | (31,824) | 31,824 | - | 31,824 | - | - | - | - | - | 31,824 | - |
| **Total** | **139,356** | **31,347** | **127,637** | **19,628** | **108,009** | **-** | **3,000** | **-** | **-** | **7,000** | **118,009** | **(9,628)** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 94,963 | 21,731 | 79,981 | 6,749 | 73,232 | - | - | - | - | - | 73,232 | (6,749) |
| Specialty Care | 193,527 | 111,326 | 175,799 | 93,598 | 82,201 | 1,459 | 46,500 | - | 3,500 | - | 133,660 | (42,139) |
| Mental Health | 35,871 | 25,173 | 29,764 | 19,066 | 10,698 | - | 7,500 | - | 4,500 | - | 22,698 | (7,066) |
| Ancillary and Diagnostics | 130,619 | 88,105 | 130,618 | 88,104 | 42,514 | - | 56,000 | - | - | - | 98,514 | (32,104) |
| **Total** | **454,980** | **246,335** | **416,162** | **207,517** | **208,645** | **1,459** | **110,000** | **-** | **8,000** | **-** | **328,104** | **(88,058)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | (35,661) | 50,634 | 14,973 | 35,661 | - | 6,000 | - | - | - | 41,661 | (8,973) |
| Administrative | 277,199 | 122,595 | 261,551 | 106,947 | 154,604 | - | 50,000 | - | - | - | 204,604 | (56,947) |
| Other | 18,058 | - | 18,058 | - | 18,058 | - | - | - | - | - | 18,058 | - |
| **Total** | **295,257** | **86,934** | **330,243** | **121,920** | **208,323** | **-** | **56,000** | **-** | **-** | **-** | **264,323** | **(65,920)** |

## B. New Mexico – West Texas Market

### 1. Description of Market

#### a. Market Definition

| New Mexico & West Texas Markets | | | |
|---|---|---|---|
| **Market** | **Includes** | **Rationale:** | **Shared Counties:** |
| New Mexico & West Texas (NM/WT) Market<br><br>Code: 18B | 116 counties in New Mexico and West Texas plus 3 in So. Col. & 2 in Okla. | The New Mexico/West Texas CARES Market Area (NM/WTCMA) includes the tertiary care New Mexico HCS, the secondary care sites of West Texas HCS and Amarillo HCS, and the El Paso HCS (independent outpatient clinic) along with their 23 CBOCs. Available services include inpatient, primary care, specialty care, long-term care and mental health. This market area is based on existing referral patterns between all the Texas facilities to Albuquerque for complex inpatient and specialty care. Additionally, large driving distances across remote stretches of sparsely populated counties separate the facilities. While NM and West Texas have freeways, the vast size of the area and the rural quality of many counties dictate that veterans travel over non-freeways to access VA facilities. Nearly all New Mexico and West Texas counties are forecast to increase the number of veteran enrollees through 2010. | After discussions with both VISNs 17 and 19, no current sharing opportunities were identified. The placement of a CBOC in Durango, Colorado resolves the underserved portion of Southern Colorado. Existing referral patterns of our CBOC's located near VISN 17's western border are nearly exclusively with VISN 18 facilities and no new CBOCs are planned. |
| **Sub-Markets** | **Counties** | **Rationale** | **Shared Counties** |
| NM/WT: Northern Sub- Market<br><br>Code: 18B-1 | 65 counties in Northern New Mexico and West Texas, | The NM/WT Northern Sub-Market was selected as it demonstrates sufficient access to both primary care and inpatient services. The New Mexico and Amarillo Health Care Systems (HCS) have historically shown strong referral patterns for specialty services. | See comments above for the NM/WT Market Area. |

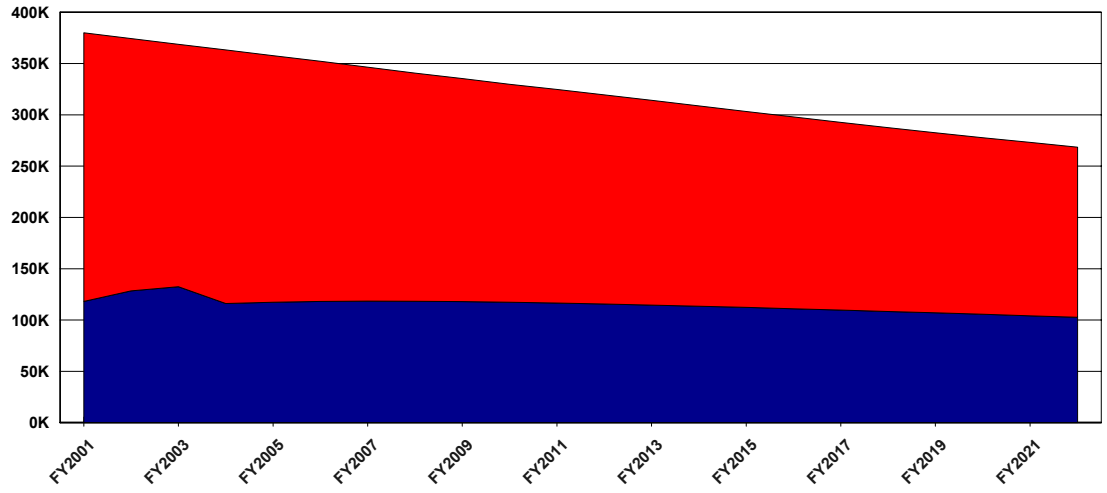
| | | | |
|---|---|---|---|
| | Southern Colorado and Oklahoma. | Highway access is very good connecting both locations via Interstate 40. | |
| NM/WT Southern Sub-Market<br><br>Code: 18B-2 | 56 counties in Southern New Mexico and West Texas | The NM/WT Southern Sub-Market was selected because while it demonstrates sufficient access to primary care, our analysis shows that less than 50% of the residents have convenient access to VA inpatient services. Those who do seek inpatient care at the West Texas HCS travel to an isolated portion of West Texas with no major interstates and remote air service. Historically, WTHCS has maintained a strong referral pattern with the independent outpatient clinic located in El Paso. With a similar population density to the northern sub-market, additional planning is desirable to ensure that patients residing in the southern sub-market have reasonable access to the fullest continuum of care possible. | See comments above for the NM/WT Market Area. |

### b. Facility List

| **VISN :** 18 | | | | |
|---|---|---|---|---|
| **Facility** | **Primary** | **Hospital** | **Tertiary** | **Other** |
| | | | | |
| **Albuquerque** | | | | |
| 501 New Mexico HCS | ✔ | ✔ | ✔ | - |
| | | | | |
| **Amarillo** | | | | |
| 504 Amarillo HCS | ✔ | ✔ | - | - |
| 504BY Lubbock TX | ✔ | - | - | - |
| | | | | |
| **Big Spring** | | | | |
| 519 West Texas HCS | ✔ | ✔ | - | - |
| | | | | |
| **El Paso OPC** | | | | |
| 756 El Paso HCS | ✔ | ✔ | - | - |
| | | | | |

### c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



## d. List of All Planning Initiatives & Collaborative Opportunities

| CARES Categories Planning Initiatives | | | | | | |
|---|---|---|---|---|---|---|
| New Mexico-West Texas Market | | | Februrary 2003 (New) | | | |
| Market PI | Category | Type Of Gap | FY2012 Gap | FY2012 %Gap | FY2022 Gap | FY2022 %Gap |
| | Access to Primary Care | Access | | | | |
| | Access to Hospital Care | Access | | | | |
| | Access to Tertiary Care | Access | | | | |
| N | Primary Care Outpatient Stops | Population Based | -337 | 0% | -72,923 | -20% |
| | | Treating Facility Based | -18,426 | -5% | -89,906 | -23% |
| Y | Specialty Care Outpatient Stops | Population Based | 137,287 | 53% | 76,738 | 30% |
| | | Treating Facility Based | 137,947 | 52% | 78,688 | 30% |
| Y | Mental Health Outpatient Stops | Population Based | 62,170 | 52% | 20,059 | 17% |
| | | Treating Facility Based | 56,443 | 49% | 19,512 | 17% |
| Y | Medicine Inpatient Beds | Population Based | 75 | 59% | 36 | 28% |
| | | Treating Facility Based | 70 | 55% | 32 | 25% |
| N | Surgery Inpatient Beds | Population Based | 4 | 6% | -10 | -14% |
| | | Treating Facility Based | 6 | 9% | -8 | -12% |
| Y | Psychiatry Inpatent Beds | Population Based | 29 | 41% | 11 | 16% |
| | | Treating Facility Based | 29 | 49% | 11 | 18% |

## e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

**Stakeholder Narrative:**

We had good input from our stakeholders through the VISN 18 CARES Steering Committee. Input from the Americal Legion, PVA, and others influenced the outcome of our market plan.

## f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

**Shared Market Narrative:**

No Impact

**g. Overview of Market Plan**

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

**Executive Summary Narrative:**

The New Mexico/West Texas Market consisting of VA Health Care Systems in Albuquerque, Amarillo, Big Spring, and El Paso, considered a number of options for each identified Planning Initiative (PI) and selected a preferred option from a number of alternatives. It should be noted that while no significant cost differences were detected, decisions were driven by factors such as access, quality, patient satisfaction and convenience. The preferred options are summarized below:Access – Hospital & Tertiary Care Preferred Option: Expand the joint venture at El Paso to provide hospital and tertiary care beds and contract for hospital beds in Lubbock. In order to insure that there is adequate and stable health care provider staff, the network feels strongly that VA must lease space from William Beaumont Army Medical Center (WBAMC) for inpatient beds, VA must control the space VA leases from WBAMC and the inpatient bed staff must be employees of the VA not the Army because the Army staff is frequently deployed, and that VA and WBAMC will share staff for ancillary services.Outpatient Primary Care Non-PI: This is not a PI but impacts Outpatient Specialty Care that is a PI. All four facilities will consider reducing the amount of primary care that is accomplished at their parent facilities and move that primary care to their existing and new CBOCs. This will allow space vacated by primary care due to reduced projected demand to be utilized by outpatient specialty care and outpatient mental health care.Outpatient Specialty Care PI Preferred Option: All four facilities will increase their outpatient specialty care at the home facilities in the space vacated by outpatient primary care and by adding additional space as required. VA Big Spring will investigate the options for providing specialty care in the population centers of Midland/Odessa. The network selected it as the preferred option, based on access, quality, continuity of care, and maintaining complete patient records.Outpatient Mental Health PI Preferred Option: All four facilities will increase their outpatient mental health capacity in accordance with the VISN mental health plan. The intent is to bring VISN 18 up to the national average of 20%. The remainder of the outpatient mental health gap will be addressed at the parent facilities and via contract and/or increased sharing with DoD. The network felt that by contracting this care out to the private sector would make it more difficult to ensure the best quality of care for patients.Inpatient Psychiatry PI Preferred Option: VA Albuquerque will increase their operating beds by 2 to total 28. The remaining 27-bed gap in that market area will be met by establishing an Inpatient Psychiatry unit at El Paso as a VA/DoD joint venture. All facilities will maintain contracts with the private sector for emergencies. This decision is based on access and the need for patients

to be accessible to their families and significant others.Inpatient Medicine Bed PI Preferred Option: The Inpatient Medicine Bed gap of 75 additional beds will be met by reactivating inpatient beds at Albuquerque and Amarillo, through a VA/DoD sharing agreement at El Paso, and by maintaining existing medical beds at Big Spring.- The Steering Committee had consensus on this option based on access and the need for families and significant others to be near patients during their inpatient stays.Surgical Beds – Non PI Preferred Option: This initiative arose as a VA Central Office request for VISN 18 to review the inpatient surgery beds at Big Spring as part of CARES. The network reviewed the workload by type of surgical procedures, location of veterans receiving surgical procedures, and the clinical guidelines on the quantity of procedures performed to insure a high skill level by the surgical team and concluded that the preferred option is to close inpatient surgical beds at VA Big Spring and reassign the workload to the community hospital nearest the veteran.

## 2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

**Access Narrative:**

No Impact

| Service Type | Baseline FY 2001 | | Proposed FY 2012 | | Proposed FY 2022 | |
|---|---|---|---|---|---|---|
| | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines |
| **Primary Care** | **1%** | 126,463 | **1%** | 114,471 | **1%** | 101,678 |
| **Hospital Care** | **57%** | 54,928 | **67%** | 38,157 | **66%** | 34,920 |
| **Tertiary Care** | **54%** | 58,760 | **78%** | 25,438 | **79%** | 21,568 |

**Guidelines:**

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

## 3. Facility Level Information – Albuquerque

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

VA Albuquerque has an active sharing agreement with the Air Force since the mid 1980s.

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

VISN 18 submitted an enhanced use initiative for a multi-use project to colocate the VBA Regional Office onto the medical center in addition to a lodging facility and assisted living facility. It is still in OAEM.

## Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

The NMVAHCS currently supports 42,251 square feet of space dedicated to research. Based on our Space Driver information, the facility should support approximately 51,000 square feet of dedicated research space. Existing research space was originally staff housing built in 1932. This infrastructure is poorly designed for today's research efforts. Existing Principal Investigators have no room to expand their efforts. New Principal Investigators have requested and received off-site waivers from the Medical Research Service in the past year. Research space at the University of New Mexico Health Sciences Center is currently being used in the areas of gastroenterology and infectious disease. In 2002, new investigators, well funded, have declined to relocate to the NMVAHCS. Individuals have declined in the areas of Gastroenterology and Rheumatology. Efforts to attract skilled physicians in these fields have suffered in the recent past and hindered the delivery of medical care to veterans utilizing this facility. The NMVAHCS is a participant in the New Mexico Cancer Care Alliance (NMCCA). Today there are new and exciting changes in cancer research. The NMVAHCS has no space available to dedicate to this program. Very few veterans participate in clinical trials at this facility, there is no space to dedicate to these projects. Recruiting for specialty physicians in the areas of

Rheumatology and Gastroenterology have been unsuccessful, there is no research space to dedicate to these specialties. Renovation of the existing research space will not be adequate in the future. A new facility of 60,000 square feet of space is proposed. New areas of research would occur in social behavioral, psychiatric and addictive disorders. Expansions would be feasible in existing neurological and sensory disorders research. Currently there is very little space available to support cardiovascular and pulmonary disorders research. Expertise in these areas of research exists at the NMVAHCS. New grant proposals have been funded in the past year in both cardiovascular and pulmonary areas of research.The University of New Mexico School of Medicine has excellent programs that attract candidates from around the country. To keep these physicians practicing in the state of New Mexico we need to have programs available for entry-level physician scientists. The existing infrastructure does not support this need to prepare for adequate health care for New Mexico's veterans in the future.Based on nominal funding growth projections of 2% per annum, the research space needs will grow to 63,000 square feet in FY 2012 and to 76,000 square feet in FY 2022. This growth in space need coupled with the outdated existing space must be addressed by construction of 60,000 square feet of state of the art research space.

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Medicine | 27,042 | 8,217 | 24,331 | 5,506 | 1,242 | - | - | - | - | - | 23,089 | $ | 71,965,754 |
| Surgery | 15,862 | 2,850 | 15,863 | 2,851 | 318 | - | - | - | - | - | 15,545 | $ | (1,843,969) |
| Intermediate/NHCU | 92,048 | - | 92,048 | - | 88,367 | - | - | - | - | - | 3,681 | $ | - |
| Psychiatry | 11,436 | 4,192 | 11,437 | 4,193 | 801 | - | - | - | - | - | 10,636 | $ | - |
| PRRTP | 7,330 | - | 7,330 | - | - | - | - | - | - | - | 7,330 | $ | - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Spinal Cord Injury | 6,532 | - | 6,532 | - | - | - | - | - | - | - | 6,532 | $ | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| **Total** | **160,251** | **15,260** | **157,541** | **12,550** | **90,728** | **-** | **-** | **-** | **-** | **-** | **66,813** | **$** | **70,121,785** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Primary Care | 165,601 | (3,806) | 162,605 | (6,801) | 9,918 | - | - | - | - | - | 152,687 | $ | 7,372,397 |
| Specialty Care | 168,126 | 44,083 | 151,430 | 27,387 | 1,515 | - | - | - | - | - | 149,915 | $ | 43,163,378 |
| Mental Health | 86,382 | 17,840 | 86,382 | 17,840 | 2,368 | - | - | - | - | - | 84,014 | $ | (153,018) |
| Ancillary & Diagnostics | 181,435 | 15,483 | 181,435 | 15,483 | 3,629 | - | - | - | - | - | 177,806 | $ | (5,485,476) |
| **Total** | **601,543** | **73,600** | **581,852** | **53,909** | **17,430** | **-** | **-** | **-** | **-** | **-** | **564,422** | **$** | **44,897,281** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 53,999 | 13,529 | 48,025 | 7,555 | 40,470 | - | - | - | - | - | 40,470 | (7,555) |
| Surgery | 25,806 | 9,467 | 25,805 | 9,466 | 16,339 | - | 8,000 | - | - | - | 24,339 | (1,466) |
| Intermediate Care/NHCU | 14,248 | - | 14,244 | (4) | 14,248 | - | - | - | - | - | 14,248 | 4 |
| Psychiatry | 23,400 | 4,600 | 23,399 | 4,599 | 18,800 | - | - | - | - | - | 18,800 | (4,599) |
| PRRTP | 5,560 | - | 5,560 | - | 5,560 | - | - | - | - | - | 5,560 | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | (24,462) | 24,462 | - | 24,462 | - | - | - | - | - | 24,462 | - |
| Blind Rehab | 24,462 | 24,462 | - | - | - | - | - | - | - | - | - | - |
| **Total** | **147,475** | **27,596** | **141,495** | **21,616** | **119,879** | **-** | **8,000** | **-** | **-** | **-** | **127,879** | **(13,616)** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 83,612 | 24,862 | 77,870 | 19,120 | 58,750 | - | - | - | 23,000 | - | 81,750 | 3,880 |
| Specialty Care | 221,372 | 106,714 | 199,387 | 84,729 | 114,658 | 1,830 | 35,000 | - | - | - | 151,488 | (47,899) |
| Mental Health | 70,980 | 16,241 | 69,732 | 14,993 | 54,739 | - | 5,000 | - | - | - | 59,739 | (9,993) |
| Ancillary and Diagnostics | 140,467 | 59,874 | 140,467 | 59,874 | 80,593 | - | 30,000 | - | - | - | 110,593 | (29,874) |
| **Total** | **516,431** | **207,691** | **487,456** | **178,716** | **308,740** | **1,830** | **70,000** | **-** | **23,000** | **-** | **403,570** | **(83,886)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | (42,251) | 76,725 | 34,474 | 42,251 | - | 20,000 | - | - | - | 62,251 | (14,474) |
| Administrative | 317,771 | 103,966 | 315,477 | 101,672 | 213,805 | - | 25,000 | - | - | - | 238,805 | (76,672) |
| Other | 24,770 | - | 24,770 | - | 24,770 | - | - | - | - | - | 24,770 | - |
| **Total** | **342,541** | **61,715** | **416,972** | **136,146** | **280,826** | **-** | **45,000** | **-** | **-** | **-** | **325,826** | **(91,146)** |

## 4. Facility Level Information – Amarillo

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | 12,204 | 932 | 12,205 | 933 | 6,000 | - | - | - | - | - | 6,205 | $ (3,128,964) |
| Surgery | 2,525 | (1,757) | 2,525 | (1,757) | 228 | - | - | - | - | - | 2,297 | $ - |
| Intermediate/NHCU | 43,264 | - | 43,264 | - | - | - | - | - | - | - | 43,264 | $ - |
| Psychiatry | 1,879 | 646 | 1,880 | 647 | 1,880 | - | - | - | - | - | - | $ 8,481,645 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **59,872** | **(179)** | **59,874** | **(177)** | **8,108** | **-** | **-** | **-** | **-** | **-** | **51,766** | **$ 5,352,681** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | 77,795 | (5,953) | 77,795 | (5,953) | 2,642 | - | - | - | - | - | 75,153 | $ 442,723 |
| Specialty Care | 92,351 | 33,013 | 92,352 | 33,013 | 3,695 | - | - | - | - | - | 88,657 | $ (12,745,527) |
| Mental Health | 26,629 | 10,413 | 26,629 | 10,413 | 1,066 | - | - | - | - | - | 25,563 | $ 551,569 |
| Ancillary & Diagnostics | 95,565 | (9,998) | 95,566 | (9,997) | 9,557 | - | - | - | - | - | 86,009 | $ (2,373,366) |
| **Total** | **292,340** | **27,475** | **292,342** | **27,477** | **16,960** | **-** | **-** | **-** | **-** | **-** | **275,382** | **$ (14,124,601)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 24,927 | 8,592 | 13,775 | (2,560) | 16,335 | - | - | - | - | - | 16,335 | 2,560 |
| Surgery | 5,744 | (4,391) | 5,742 | (4,393) | 10,135 | - | - | - | - | - | 10,135 | 4,393 |
| Intermediate Care/NHCU | 44,066 | - | 44,066 | - | 44,066 | - | - | - | - | - | 44,066 | - |
| Psychiatry | 3,015 | 3,015 | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **77,753** | **7,217** | **63,583** | **(6,953)** | **70,536** | **-** | **-** | **-** | **-** | **-** | **70,536** | **6,953** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 38,120 | 10,670 | 37,576 | 10,126 | 27,450 | - | - | - | 6,000 | - | 33,450 | (4,126) |
| Specialty Care | 106,390 | 69,743 | 106,388 | 69,741 | 36,647 | 6,402 | 34,000 | - | 13,000 | - | 90,049 | (16,339) |
| Mental Health | 16,872 | 6,753 | 16,872 | 6,753 | 10,119 | - | 5,000 | - | - | - | 15,119 | (1,753) |
| Ancillary and Diagnostics | 55,046 | 26,683 | 55,046 | 26,683 | 28,363 | - | 15,000 | - | - | - | 43,363 | (11,683) |
| **Total** | **216,427** | **113,848** | **215,882** | **113,303** | **102,579** | **6,402** | **54,000** | **-** | **19,000** | **-** | **181,981** | **(33,901)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | (2,511) | 7,307 | 4,796 | 2,511 | - | 3,000 | - | - | - | 5,511 | (1,796) |
| Administrative | 192,849 | 79,238 | 186,402 | 72,791 | 113,611 | - | 40,000 | - | - | - | 153,611 | (32,791) |
| Other | 19,877 | - | 19,877 | - | 19,877 | - | - | - | - | - | 19,877 | - |
| **Total** | **212,726** | **76,727** | **213,586** | **77,587** | **135,999** | **-** | **43,000** | **-** | **-** | **-** | **178,999** | **(34,587)** |

## 5. Facility Level Information – Big Spring

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | 15,330 | 9,061 | 15,330 | 9,061 | 154 | - | - | - | - | - | 15,176 | $ (1,675,228) |
| Surgery | 2,814 | 1,251 | 2,814 | 1,251 | 2,814 | - | - | - | - | - | - | $ (42,269,006) |
| Intermediate/NHCU | 36,147 | - | 36,147 | - | 21,689 | - | - | - | - | - | 14,458 | $ - |
| Psychiatry | 12,422 | 4,704 | 4,151 | (3,567) | 4,151 | - | - | - | - | - | - | $ 102,588,871 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **66,712** | **15,015** | **58,442** | **6,745** | **28,808** | **-** | **-** | **-** | **-** | **-** | **29,634** | **$ 58,644,637** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | 49,343 | (4,846) | 49,343 | (4,845) | 1,792 | - | - | - | - | - | 47,551 | $ 566,213 |
| Specialty Care | 59,469 | 38,473 | 59,469 | 38,473 | 7,439 | - | - | - | - | - | 52,030 | $ (13,940,784) |
| Mental Health | 17,409 | 13,308 | 17,410 | 13,309 | 2,900 | - | - | - | - | - | 14,510 | $ (357,136) |
| Ancillary & Diagnostics | 61,809 | 20,130 | 61,810 | 20,131 | 1,855 | - | - | - | - | - | 59,955 | $ (2,592,955) |
| **Total** | **188,030** | **67,065** | **188,032** | **67,067** | **13,986** | **-** | **-** | **-** | **-** | **-** | **174,046** | **$ (16,324,662)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 31,568 | 21,834 | 31,566 | 21,832 | 9,734 | 17,000 | - | - | - | - | 26,734 | (4,832) |
| Surgery | 5,836 | 3,557 | - | (2,279) | 2,279 | - | - | - | - | - | 2,279 | 2,279 |
| Intermediate Care/NHCU | 15,464 | - | 15,463 | (1) | 15,464 | - | - | - | - | - | 15,464 | 1 |
| Psychiatry | 20,124 | 10,303 | - | (9,821) | 9,821 | - | - | - | - | - | 9,821 | 9,821 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **72,991** | **35,693** | **47,029** | **9,731** | **37,298** | **17,000** | **-** | **-** | **-** | **-** | **54,298** | **7,269** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 36,267 | (10,944) | 35,663 | (11,548) | 47,211 | - | - | - | - | - | 47,211 | 11,548 |
| Specialty Care | 85,505 | 72,206 | 82,207 | 68,908 | 13,299 | 3,527 | 53,000 | - | 1,000 | - | 70,826 | (11,381) |
| Mental Health | 12,283 | 2,741 | 12,043 | 2,501 | 9,542 | - | - | - | 4,500 | - | 14,042 | 1,999 |
| Ancillary and Diagnostics | 38,372 | 22,818 | 38,371 | 22,817 | 15,554 | - | 15,000 | - | - | - | 30,554 | (7,817) |
| **Total** | **172,426** | **86,820** | **168,284** | **82,678** | **85,606** | **3,527** | **68,000** | **-** | **5,500** | **-** | **162,633** | **(5,651)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | 176,700 | 88,677 | 155,025 | 67,002 | 88,023 | 2,579 | 40,000 | - | - | - | 130,602 | (24,423) |
| Other | 11,173 | - | 11,173 | - | 11,173 | - | - | - | - | - | 11,173 | - |
| **Total** | **187,873** | **88,677** | **166,198** | **67,002** | **99,196** | **2,579** | **40,000** | **-** | **-** | **-** | **141,775** | **(24,423)** |

## 6. Facility Level Information – El Paso

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

VA El Paso has an active sharing agreement with the Army since the late 1980s. As a CARES initiative we are proposing that VA occupy and staff an inpatient medicine ward and an inpatient psychiatry ward at the William Beaumont Army Medical Center adjacent to the VA. It is necessary for the VA to manage and staff the inpatient beds because the Army staff are frequently deployed resulting in unreliable staffing.

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

## Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | 6,596 | 3,528 | 9,308 | 6,240 | 1,240 | 8,068 | - | - | - | - | - | $ 117,279,875 |
| Surgery | 1,699 | (515) | 1,699 | (515) | 1,699 | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | 14,206 | - | 14,206 | - | 14,206 | - | - | - | - | - | - | $ - |
| Psychiatry | 1,976 | (464) | 10,247 | 7,808 | - | 10,247 | - | - | - | - | - | $ 15,586,234 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **24,476** | **2,549** | **35,460** | **13,533** | **17,145** | **18,315** | **-** | **-** | **-** | **-** | **-** | **$ 132,866,109** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | 76,739 | (3,824) | 79,736 | (827) | 6,379 | - | - | - | - | - | 73,357 | $ (12,893,731) |
| Specialty Care | 83,621 | 22,379 | 100,317 | 39,075 | 11,035 | 11,333 | - | - | - | - | 77,949 | $ (16,336,732) |
| Mental Health | 40,139 | 14,882 | 40,140 | 14,882 | 4,028 | - | - | - | - | - | 36,112 | $ (1,521,410) |
| Ancillary & Diagnostics | 85,767 | 14,911 | 85,768 | 14,912 | 18,012 | - | - | - | - | - | 67,756 | $ (2,450,425) |
| **Total** | **286,266** | **48,348** | **305,961** | **68,042** | **39,454** | **11,333** | **-** | **-** | **-** | **-** | **255,174** | **$ (33,202,298)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Va** | | | | | | | **l ed** | **Space Needed/ Moved to Vacant** |
| | | | | **2** | | | | | | | | |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| | **Space (GSF) (from demand projections)** | | | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Va** | | | | | | | **l ed** | **Space Needed/ Moved to Vacant** |
| | | | | **2** | | | | | | | | |
| Primary Care | 35,300 | 12,895 | 36,678 | 14,273 | 22,405 | - | - | - | 32,523 | - | 54,928 | 18,250 |
| Specialty Care | 81,865 | 38,306 | 85,744 | 42,185 | 43,559 | 19,671 | 12,000 | - | - | - | 75,230 | (10,514) |
| Mental Health | 20,090 | 13,665 | 19,862 | 13,437 | 6,425 | - | 11,200 | - | - | - | 17,625 | (2,237) |
| Ancillary and Diagnostics | 43,364 | 26,218 | 43,364 | 26,218 | 17,146 | - | 16,000 | - | - | - | 33,146 | (10,218) |
| **Total** | **180,620** | **91,085** | **185,648** | **96,113** | **89,535** | **19,671** | **39,200** | **-** | **32,523** | **-** | **180,929** | **(4,719)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Va** | | | | | | | **l ed** | **Space Needed/ Moved to Vacant** |
| | | | | **2** | | | | | | | | |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | 117,403 | 59,248 | 120,671 | 62,516 | 58,155 | - | 40,000 | - | - | - | 98,155 | (22,516) |
| Other | 11,278 | - | 11,278 | - | 11,278 | - | - | - | - | - | 11,278 | - |
| **Total** | **128,681** | **59,248** | **131,949** | **62,516** | **69,433** | **-** | **40,000** | **-** | **-** | **-** | **109,433** | **(22,516)** |